

114TH CONGRESS  
2D SESSION

# H. R. 4506

To amend the Public Health Service Act to help health care consumers comparison shop for medical services based on quality and cost.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 9, 2016

Mr. FORTENBERRY introduced the following bill; which was referred to the Committee on Energy and Commerce

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## A BILL

To amend the Public Health Service Act to help health care consumers comparison shop for medical services based on quality and cost.

1       *Be it enacted by the Senate and House of Representa-  
2 tives of the United States of America in Congress assembled,*

**3 SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Know Before You Go  
5 Act of 2016”.

## 1 SEC. 2. EXPENDITURES FOR TRANSPARENCY TOOLS

2 TREATED AS ACTIVITIES THAT IMPROVE  
3 HEALTH CARE QUALITY FOR THE PURPOSE  
4 OF DETERMINING MEDICAL LOSS RATIO.

5 Section 2718(c) of the Public Health Service Act (42  
6 U.S.C. 300gg–18(c)) is amended—

7 (1) by striking “Not later than” and inserting  
8 the following:

9 “(1) IN GENERAL.—Not later than”; and

10 (2) by adding at the end the following new  
11 paragraph:

12 “(2) SPENDING ON TRANSPARENCY TOOLS AS  
13 ACTIVITIES THAT IMPROVE HEALTH CARE QUAL-  
14 ITY.—

15 “(A) IN GENERAL.—In the case of a health  
16 insurance issuer offering group or individual  
17 health insurance coverage, in applying this sec-  
18 tion to such issuer with respect to a plan year  
19 beginning after the date of the enactment of  
20 this paragraph, the activities described in sub-  
21 section (a)(2) shall include implementing, pro-  
22 moting, maintaining, or improving a trans-  
23 parency tool with respect to such coverage if  
24 such issuer has, during such plan year—

25 “(i) significantly increased (compared  
26 to the previous plan year) the percentage

1                   of enrollees under such coverage who are  
2                   using such transparency tool by such  
3                   issuer;

4                   “(ii) provided the estimates under  
5                   subparagraph (B)(iii) of cost-sharing obli-  
6                   gations of a similarly situated enrollee  
7                   under such coverage to each individual  
8                   that requests such estimate with respect to  
9                   such coverage; and

10                  “(iii) made available to each indi-  
11                  vidual seeking enrollment under health in-  
12                  surance coverage offered by such issuer a  
13                  list of coverage options offered by such  
14                  issuer that qualify as high deductible  
15                  health plans (as defined in section  
16                  223(c)(2) of the Internal Revenue Code of  
17                  1986).

18                  “(B) TRANSPARENCY TOOL.—For the pur-  
19                  poses of subparagraph (A), a transparency tool,  
20                  with respect to a health insurance issuer offer-  
21                  ing group or individual health insurance cov-  
22                  erage, includes a website and telephone support  
23                  that makes available to each enrollee under  
24                  such coverage, with respect to common episodes  
25                  of care, the following information:

1                 “(i) Comparisons among in-network  
2 providers with respect to quality of care.

3                 “(ii) Comparisons among different  
4 types of in-network providers of the esti-  
5 mated cost-sharing obligation, before appli-  
6 cation of any deductible, of an enrollee  
7 under such coverage for each such episode  
8 of care.

9                 “(iii) The estimated cost-sharing obli-  
10 gation, after application of any deductible,  
11 of an enrollee under such coverage for each  
12 such episode of care at a specific in-net-  
13 work provider.”.

